### **Application Data Sheet**

#### **Application Information**

Application Type::

Regular

Title::

Inferred Specialty System

Attorney Docket Number::

109.412.127

Request for Early Publication?::

No

Request for Non-Publication?::

No

**Total Drawing Sheets::** 

0

Small Entity?::

Yes

### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Daniel

Middle Name::

J.

Family Name::

Rosen

City of Residence::

Carlisle

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

160 Indian Hill

City of mailing address::

Carlisle

State or Province of mailing

MA

address::

Country of mailing address::

US

Postal or Zip Code of mailing

address::

01741

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

**Thomas** 

Middle Name::

Family Name::

Marx

City of Residence::

Cambridge

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

196 Appleton Street

City of mailing address::

Cambridge

State or Province of mailing

MA

address::

Country of mailing address::

US

Postal or Zip Code of mailing

02138

address::

## **Correspondence Information**

Correspondence Customer

Number::

23483

### **Representative Information**

Representative Customer

Number::

23483

# **Domestic Priority Information**

Application ::	Continuity Type::	Parent	Parent Filing Date::
		Application::	
This Application	Non-Provisional	60/272,669	03/01/01

# **Assignment Information**

Assignee name::

PharMetrics, Inc.